



email or fax completed form monthly to:
 Email: kathy@productcare.org
 Fax: 604.592.2982

Paint Recycling Program Monthly Paint Depot Inspection Checklist

Month _____ Year _____

Please mark each box - Check (✓) if Okay or Cross (✗) if Attention Needed

<input type="checkbox"/> Tubskids & lids are in good condition.	<input type="checkbox"/> Total Number of tubskids on site (write) _____ (please include all tubs on site in this total)
<input type="checkbox"/> Spill Kits complete and ready for use.	<input type="checkbox"/> Total Number of drums on site (write) _____
<input type="checkbox"/> All current staff have been trained.	<input type="checkbox"/> 'Authorized Depot' & 'We Accept/Don't Accept' signs are clean, in place and readable.
<input type="checkbox"/> Collection area is clean and organized	<input type="checkbox"/> Depot is locked and secured after hours.
<input type="checkbox"/> Program Brochures available.	<input type="checkbox"/> No Regulatory Infractions
<input type="checkbox"/> Depot Guidelines are available to staff.	<input type="checkbox"/> No Spills

Please provide comments on the above items that have a cross (✗) and list any items you need:

 Depot Name

 Date

 Person completing Form (please print name)

 Signature